

Attention Owner:  
Confidentiality Privilege Notice  
on reverse side of owner's copy.

**Texas Department of License and Regulation**  
Water Well Driller/Pump Installer Program  
P.O. Box 12157 Austin, Texas 78711 (512) 463-7880 FAX (512) 463-8616  
Toll free (800) 803-9202  
Email address: water.well@license.state.tx.us

This form must be completed  
and filed with the department  
and owner within 60 days  
upon completion of the well.

**WELL REPORT**

**1) OWNER**

**A. WELL IDENTIFICATION AND LOCATION DATA**

Name <b>BLACK CREEK DRILLING, INC.</b>	Address <b>P. O. BOX 520</b>	City <b>COLUMBUS</b>	State <b>TX</b>	Zip <b>78934</b>
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**2) WELL LOCATION**

County <b>WALKER</b>	Physical Address <b>JONES RD</b>	City <b>NEW WAVERLY</b>	State <b>TX</b>	Zip <b>77358</b>
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**3) Type of Work**

<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Reconditioning	<input type="checkbox"/> Deepening	<b>4) Proposed Use (check)</b> <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Irrigation <input type="checkbox"/> Injection <input type="checkbox"/> Monitor <input type="checkbox"/> Environmental Soil Boring <input type="checkbox"/> Public Supply <input type="checkbox"/> De-watering <input type="checkbox"/> Testwell If Public Supply well, were plans submitted to the TNRCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>5)</b> N↑
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**6) Drilling Date**

Started <b>5/20/2002</b>	Completed <b>5/21/2002</b>	<b>Diameter of Hole</b> Dia. (in) From (ft) To (ft) <b>7 7/8 0 270</b>	<b>7) Drilling Method (check)</b> <input type="checkbox"/> Air Rotary <input type="checkbox"/> Air Hammer <input type="checkbox"/> Other <input checked="" type="checkbox"/> Mud Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Jetted <input type="checkbox"/> Bored
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From (ft)	To (ft)	Description and color of formation material	<b>8) Borehole Completion</b> <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Straight Wall <input type="checkbox"/> Under-reamed <input type="checkbox"/> Gravel Packed <input type="checkbox"/> Other
0	120	YELLOW CLAY	
120	160	SAND & YELLOW CLAY MIX	
160	190	YELLOW CLAY	
190	210	ROCK & YELLOW CLAY MIX	
210	260	SAND	
260	270	YELLOW CLAY	

**Casing, Blank Pipe, and Well Screen Data**

Dia. (in.)	New Or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mfg., if commercial	Setting (ft) From To	Gage Casing Screen
4	N	PVC	0 220	
4	N	PVC SLOTTED	220 260	20

**9) Cementing Data**

Cementing from **0** ft. to **15** ft. # of sacks used **12**  
ft. to \_\_\_\_\_ ft. # of sacks used \_\_\_\_\_  
Method Used **SLURRY**  
Cementing By **BURLESON SERVICES, INC**  
Distance to septic system field or other concentrated contamination \_\_\_\_\_ ft.  
Method of verification of above distance **N/A**

**13) Plugged**

<input type="checkbox"/> Well plugged within 48 hours	Casing left in well: _____	Cement/Bentonite placed in well: _____		
From (ft)	To (ft)	From (ft)	To (ft)	Sacks used

**14) Typepump**

<input type="checkbox"/> Turbine <input type="checkbox"/> Other	<input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Cylinder
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**15) Water Test**

Type test ☐ Pump ☐ Bailer ☒ Jetted ☐ Estimated  
Yield: **120** gpm with **10** ft. drawdown after **2 1/2** hrs.

**16) Water Quality**

Did you knowingly penetrate any strata which contain undesirable constituents?  
☐ Yes ☒ NO If yes, did you submit a REPORT OF UNDESIRABLE WATER?  
Type of water \_\_\_\_\_ Depth of Strata \_\_\_\_\_  
Was a chemical analysis made? ☐ Yes ☐ No

**10) Surface Completion**

<input type="checkbox"/> Specified Surface/Slab Installed <input checked="" type="checkbox"/> Specified Surface Sleeve Installed <input type="checkbox"/> Bitless Adapter Used <input type="checkbox"/> Approved Alternative Procedure Used
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**11) Water Level**

Static level **80** ft. below Date **5-21-02**  
Artesian Flow \_\_\_\_\_ gpm. Date \_\_\_\_\_

**12) Packers**

Type <b>SHALE</b>	Depth <b>15'</b>
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Company or Individual's Name (type or print) <b>BURLESON SERVICES, INC</b>	Lic. No. <b>3039 WPK</b>		
Address <b>P. O. BOX 1091</b>	City <b>SEALY</b>	State <b>TX</b>	Zip <b>77474</b>
Signature <i>[Signature]</i>	9-11-02	Signature	



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